L19000210074

(Requestor's Name)
(Address)
(Address)
(Ĉity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800333459458

19 AUG 22 PH 2: 09

SECRETARY OF SEME

FILED

AUG 23 2019

K. Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

Thore. 030 330 1300
ACCOUNT NO. : I2000000195
REFERENCE : 894220 7131809
AUTHORIZATION :
COST LIMIT: \$ 100.00
ORDER DATE : August 22, 2019
ORDER TIME: 12:04 PM
ORDER NO. : 894220-005
CUSTOMER NO: 7131809
DOMESTIC FILING
NAME: THE GREENSHAPE COMPANY LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner - EXT.
EXAMINER'S INITIALS:

COVER LETTER

	wirthing Section rision of Corporations	
SUBJECT:	THE GREENSHAPE COMPAN	Y LLC
Straige (Limited Liability Company
The encloses	d Ameles of Organization and fee(s)	are submitted for filing.
Please return	ali correspondence concerning this	matter to the following.
	Devid Hryck, Esq	
-		Name of Person
	Reed Smith LLP	
-		Firm/Company
	599 Lexington Avenue	
-		Address
i	New York, NY 10022	
-		City/State and Zip Code
<u> </u>	hryck@reedsmith.com E-mail address: (to be use	ed for future annual report notification)
For further inf	ormation concerning this matter, plet	·
0		212 5490370)
		Area Code Daytime Telephone Number
Enclosed is a	cheek for the following amount:	
\$125.00 File		S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is
THE GREENSHAPE COMPAN

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal	Office	Address:

Mailing Address:

2000 Palm Beach Lakes Blvd. Suite 701 gro Reed Smith LLP, Attn. David Hrvok West Palm Beach, FL 33409 599 Lexinaton Avenue New York, NY 10022

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its owr. Registered Agent. You must designate an individual of another business entity with an active Florida registration)

The name and the Florida street address of the registered agent are.

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee 32301 City State

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place dusignated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as pegistered agent as provided for in Chapter 605, F.S.

Corporation Service Company

Registered Agent's Signature (REQUIRED)

Janet Budhu, Asst. Vića President

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	MACHARO ALFONO
MGR	MACHADO, ALFONSO
	125 S STATE ROAD 7 SUITE 104 316 WELLINGTON, FL 33414
	WILLING FOR, FE 5541-
AMBR_	THE GREENSHAPE COMPANY LLC
	cio Reed Smith LLP, Attn. David Hryck, Esq.
	599 Lexington, Avenue, New York, NY 10022
	•
(Use attachment if necessary)	
LEV: Effective date, if other than the date	of filing:
LEV: Effective date, if other than the date fective date is listed, the date must be spoof filing.)	ecific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the date fective date is listed, the date must be spoof filing.)	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will no
E.V.: Effective date, if other than the date ective date is listed, the date must be sport filing.) the date inserted in this block does not ment's effective date on the Department.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date fective date is listed, the date must be spoof filing.) If the date inserted in this block does not ment's effective date on the Department.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will no
LEV: Effective date, if other than the date fective date is listed, the date must be spoof filing.) If the date inserted in this block does not ment's effective date on the Department.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will no
JEV: Effective date, if other than the date fective date is listed, the date must be spiof filing.) If the date inserted in this block does not not be determined.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date fective date is listed, the date must be sport filing.) If the date inserted in this block does not nument is effective date on the Department LE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date fective date is listed, the date must be sprof filing.) If the date inserted in this block does not not ment's effective date on the Department. LE VI: Other provisions, if any. REOUTRED SIGNATURE:	need the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be sprof filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date fective date is listed, the date must be sprof filing.) If the date inserted in this block does not nument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not of State's records. State's records.
LE V: Effective date, if other than the date fective date is listed, the date must be sprof filing.) If the date inserted in this block does not nument's effective date on the Department LE VI: Other provisions, if any. REOUTRED SIGNATURE: Signature of a me This document is execut	neet the applicable statutory filing requirements, this date will not of State's records. State's records. State's records. State's records. State's records.
LE V: Effective date, if other than the date fective date is listed, the date must be sprof filing.) If the date inserted in this block does not nument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed aim aware that any false.	secific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records. Self-David M. Hryck Sember or an authorized representative of a member, and in accordance with section 605,0203 (1) (b). Florida Statutes, and in accordance with section 605,0203 (1) (b).
LE V: Effective date, if other than the date fective date is listed, the date must be sprof filing.) If the date inserted in this block does not nument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed aim aware that any false.	neet the applicable statutory filing requirements, this date will not of State's records. State's records. State's records. State's records. State's records.
LE V: Effective date, if other than the date fective date is listed, the date must be sproffiling.) The date inserted in this block does not ment is effective date on the Department. LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a me This document is executed an aware that any false.	secific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records. Solvid M. Hryck So

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-